

**AGREEMENT BY STUDENT EMPLOYEE TO MAINTAIN
CONFIDENTIALITY AND PRIVACY OF RECORDS PERTAINING
TO STUDENTS, FACULTY, STAFF AND THE UNIVERSITY**

I, _____(print name), understand that in my capacity as a student employee at Ferris State University, whether as a full-time, part-time, work-study student or otherwise, I may have access to confidential and private records of other students, faculty and staff and/or pertaining to the University.

I understand that under federal law and University policy, student records are protected from disclosure to third parties unless pursuant to narrow exceptions and that other confidential records must not be disclosed.

I agree to maintain the confidentiality and privacy of all such records during and after my period(s) of employment at Ferris State University. I shall not, directly or indirectly, communicate to any person other than my supervisor, or an individual approved by my supervisor, any information concerning such records. I understand that any such disclosure may be grounds for termination, prohibition of future employment and/or for dismissal from Ferris State University.

Signature

Date

Please provide a copy to the student and maintain original in the department's file.